

Frederick County Division of Fire and Rescue Services



BACKGROUND INVESTIGATION INFORMATION

Last Updated: April 10, 2012

Division of Fire and Rescue Services

IMPORTANT NOTICE TO APPLICANT

The employment process for positions within the Division of Fire and Rescue Services is an extremely competitive endeavor that requires our Division to identify the most highly qualified applicants for consideration for employment. You should understand that there are a large number of highly qualified applicants that you will be competing against for a limited number of position vacancies within this Division. Our community expects and demands that we employ only those individuals who possess the highest qualities in terms of personal background, judgment, maturity, integrity, and credibility.

The completion and submission of this confidential questionnaire is one step in a thorough and lengthy employment process. **ALL** questions contained within this document **must** be answered thoroughly, completely, honestly, and as candidly as possible.

The importance of the accuracy and thoroughness of your responses to the questions contained within this document cannot be overemphasized. **The identified deception and/or omission of information will not be tolerated or accepted.**

The information that you provide will be carefully analyzed and evaluated in order to determine your suitability for consideration for employment. Any identified discrepancy in the information provided, or the omission of requested information, **may result in your disqualification from the employment process.** The Division of Fire and Rescue Services will not consider individuals for employment who are found to be, or considered, less than honest and forthright in the information they provide.

Division of Fire and Rescue Services

Background Investigation Information

Before completing this document, closely read the instructions. There are a number of official documents that you are required to obtain and submit at the time of your background packet submission. **You will need these documents to adequately complete the packet.** We **will not** process your application further without the submission of the following documents along with your completed background investigation packet:

USE THIS AS A CHECKOFF SHEET TO ENSURE COMPLETENESS:

- ☐ Birth Certificate (photocopy)
- ☐ Naturalization certificate (if applicable). This form cannot legally be copied. The interviewer will write down information contained on the certificate.
- ☐ Social security card (photocopy) NOTE: Make sure your SS Card is **signed!!**
- ☐ High School Diploma (or equivalent) or GED (photocopy) – (GED's must be accompanied by the test scores)
- ☐ College Degree(s) (photocopy) – A copy of college transcripts must be provided.
- ☐ Court orders (photocopies as appropriate) such as:
 - Divorce(s)
 - Legal separation(s)
 - Name change(s)
 - Adoptions(s)
- ☐ Current driver's license (photocopy)
- ☐ Driving record current within last 3 months (original obtained from MVA)
- ☐ Completed confidential background questionnaire
- ☐ Letters of commendations, references (photocopy) (Optional)

If you already have related certifications or training please include:

- ☐ Copies of all fire and rescue certificates or transcripts from the training agency
- ☐ Copies of all EMS certifications or licensures
- ☐ Copies of any other applicable certifications or licensures

These documents will be reviewed. Do not withhold **ANY** information that is requested whether you think it is important or not. The Division of Fire and Rescue Services will determine the importance of the information that you provide to us.

If you have any questions about the background investigation process or need clarification regarding the questionnaire, you may call 301-600-2907.

Division of Fire and Rescue Services (DFRS)

Applicant Background Investigation

INSTRUCTIONS

1. Do not remove staples or separate the forms.
2. Use **black** ink only.
3. Information in this packet must be **PRINTED BY HAND** by you.
4. Read and sign the form entitled “Background Investigation Disclosure.” (Page 5)
5. Read and sign the form entitled “Importance of Honesty.” (Page 6)
6. Read and sign the form entitled “Authorization for Release of Information.” (Page 49)
7. Sign and date any other appropriate forms in this packet.
8. When listing individuals, be sure that you provide a full identity of the individual (their full and correct name, title, position, etc.). Furthermore, you must provide complete home and/or business addresses. Whenever possible, please include email addresses for all individuals you list in this packet. We will not attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers, zip codes, area codes, etc. It is your responsibility to provide complete and accurate information.
9. Submit all required supporting documentation with this completed packet as instructed.

Submission Address:
Public Safety Training Center
5370 Public Safety Place
Frederick, MD 21704
301-600-2907
Attn: Background Investigator

If you are hand delivering your packet, for GPS purposes, you may need to use the retired address for the Public Safety Training Center which was 8349 Reich’s Ford Road.

Division of Fire and Rescue Services

Background Investigation Disclosure

The Frederick Division of Fire and Rescue Services (DFRS) considers honesty an essential quality for all employees. Any prior act or prior error in judgment on your part may be disqualifying and will be carefully evaluated. This packet is an **OFFICIAL DOCUMENT** and you will be held accountable for all responses. If you fail to include any pertinent information when completing this packet, you may forfeit your opportunity to be considered for employment.

**THINK CAREFULLY BEFORE
ANSWERING ALL QUESTIONS.
ANY FRAUDULENT
MISREPRESENTATIONS OR
OMISSIONS MAY RESULT IN
DISQUALIFICATION.**

I ACKNOWLEDGE THAT ALL FORMS IN THIS PACKET ARE OFFICIAL DOCUMENTS OF THE FREDERICK COUNTY DIVISION OF FIRE AND RESCUE SERVICES AND ALL ANSWERS GIVEN MUST BE TRUTHFUL. I ALSO ACKNOWLEDGE THAT OMISSION OR MISREPRESENTATION OF INFORMATION AT ANY STAGE OF PROCESSING COULD RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION.

Date

Applicant Signature

Date of Birth

Full Legal Name - Printed

Mailing Address

Social Security Number

Division of Fire and Rescue Services

IMPORTANCE OF HONESTY

The Frederick County Division of Fire and Rescue Services is looking for applicants who demonstrate certain attributes. Honesty ranks among the highest characteristics that an applicant can possess. It is extremely important for applicants to be totally honest.

The importance of honesty cannot be overemphasized. Failure to **ACCURATELY AND COMPLETELY** fill out or answer each question truthfully may result in **DISQUALIFICATION**.

You are cautioned, while filling out documents, to take your time and be thorough in all of your answers. If there is any doubt in your mind concerning a particular question, or if you are unsure whether or not to include or exclude certain information, **include it**.

You may think something you did will disqualify you. It may or may not! What **will** disqualify you is lying and/or distorting the truth. For example, an arrest, either as a juvenile or as an adult may or may not disqualify you, but lying about it **will**. You may have been fired from a previous job. That may or may not disqualify you. But lying about it **will**. The use of drugs, including marijuana, may or may not disqualify you, but lying about it **will** definitely disqualify you.

APPLICANT SIGNATURE

DATE

FULL LEGAL NAME - PRINTED

Division of Fire and Rescue Services

Applicant Background Investigation

APPLICANT'S FULL NAME: _____
Last First Middle

Current Home Address: _____
Street Apartment #

City County State Zip Code

Home Phone: () _____ Work Phone: () _____

Cell phone: () _____ Email Address: _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____
mm dd yy

Height: Ft. ____ In. ____ Weight: ____ Eye Color: ____ Hair Color: ____ Race: ____

Place of Birth (city, state, country): _____

U. S. Citizen: Yes [] No [] By Birth [] Naturalization []

Naturalization Date/Place/Court: _____

Naturalization Certificate Number: _____ Petition Number: _____

Other Names Used (Maiden name, Nicknames, etc.)

Scars, Marks, Tattoo(s) (Describe): _____

Applicant Signature

Date

Division of Fire and Rescue Services

Marital Information of Applicant

Married: [] Single: [] Separated: [] Divorced: [] Widowed or Widower: []

Circle One--Name of: Spouse / Fiancée / Significant Other / Current Dating Partner:

Name: _____ Maiden Name if Applicable: _____

Present Home Address: _____
Street Apartment #

City County State Zip Code

Email Address: _____

Occupation: _____ Business where employed: _____

Address: _____ Business Phone: _____

Date of Marriage: ____/____/____ Location: _____

Has your Spouse/Fiancée/Significant Other/Current Dating Partner ever called the police about you for any reason? No [] Yes [] If yes, provide dates, reasons, agency and disposition.

LIST ALL CHILDREN & DEPENDENTS OF APPLICANT

Full Name: _____ Age: _____ Relationship: _____

Full Name: _____ Age: _____ Relationship: _____

Full Name: _____ Age: _____ Relationship: _____

Full Name: _____ Age: _____ Relationship: _____

Full Name: _____ Age: _____ Relationship: _____

Applicant Signature

Date

Division of Fire and Rescue Services

Information on Former Spouse

(IF NOT APPLICABLE, WRITE "NOT APPLICABLE" ON THE "NAME" LINE)

Full Name: _____

Maiden name if applicable: _____ DOB: ____/____/____
mm dd yy

Present home address: _____
Street Apt. #

City County State ZIP code

() _____ () _____
Home Phone Business Phone

Email Address: _____

Occupation: _____ Business where employed: _____

Address _____

Date of Marriage: ____/____/____ Location: _____

Date of Divorce: ____/____/____ Location: _____

Has a formal police complaint ever been lodged against you by your former spouse?

No ☐ Yes ☐ If yes, provide the date(s), reason(s), agency and disposition.

Applicant Signature

Date

Division of Fire and Rescue Services

Family of Applicant

Provide complete homes addresses, zip codes, and phone numbers.

Father: _____
Last First Middle

DOB: ____/____/____ If deceased, date of death: ____/____/____
mm dd yy mm dd yy

Home Address: _____
Street Apartment #

City County State Zip Code

Home Phone: () _____ Work Phone: () _____

Email Address: _____

Criminal Record? No [] Yes [] If yes, explain: _____

Mother: _____
Last Maiden First Middle

DOB: ____/____/____ If deceased, date of death: ____/____/____
mm dd yy mm dd yy

Home Address: _____
Street Apartment #

City County State Zip Code

Home Phone: () _____ Work Phone: () _____

Email Address: _____

Criminal Record? No [] Yes [] If yes, explain: _____

Applicant Signature

Date

Division of Fire and Rescue Services

Family of Applicant

Brother/Sister: _____
Last First Middle

DOB: ____/____/____ If deceased, date of death: ____/____/____
mm dd yy mm dd yy

Home Address: _____
Street Apartment #

City County State Zip Code

Home Phone: () _____ Work Phone: () _____

Email Address: _____

Criminal Record? No [] Yes [] If yes, explain: _____

Brother/Sister: _____
Last First Middle

DOB: ____/____/____ If deceased, date of death: ____/____/____
mm dd yy mm dd yy

Home Address: _____
Street Apartment #

City County State Zip Code

Home Phone: () _____ Work Phone: () _____

Email Address: _____

Criminal Record? No [] Yes [] If yes, explain: _____

Applicant Signature

Date

Division of Fire and Rescue Services

Family of Applicant

Brother/Sister: _____
Last First Middle

DOB: ____/____/____ If deceased, date of death: ____/____/____
mm dd yy mm dd yy

Home Address: _____
Street Apartment #

City County State Zip Code

Home Phone: () _____ Work Phone: () _____

Email Address: _____

Criminal Record? No[] Yes [] If yes, explain: _____

***NOTE:** *If you have no relatives please list someone who will always have knowledge of where you are and how we can reach you.*

Other: _____ D.O.B: ____/____/____
Last First Middle mm dd yy

Relationship to applicant: _____

Home Address: _____
Street Apartment #

City County State Zip Code

Home Phone: () _____ Work Phone: () _____

Email Address: _____

Applicant Signature

Date

Division of Fire and Rescue Services

Family of Applicant

Legal Guardian/Other Relatives

Name: _____ DOB: ____/____/____
Last First Middle mm dd yy

Relationship: _____

Home Address: _____
Street Apartment #
City County State Zip Code

Home Phone: () _____ Work Phone: () _____

Email Address: _____

Criminal Record? No[] Yes [] If yes, explain: _____

Name: _____ DOB: ____/____/____
Last First Middle mm dd yy

Relationship: _____

Home Address: _____
Street Apartment #
City County State Zip Code

Home Phone: () _____ Work Phone: () _____

Email Address: _____

Criminal Record? No[] Yes [] If yes, explain: _____

Applicant Signature

Date

Division of Fire and Rescue Services

Personal Residential Information

When completing this section ensure that you provide **every** address where you have lived for the past ten (10) years. **Begin with your current address and work backwards.** Include addresses while living on a college or private school campus or the equivalent.

1. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

2. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

3. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

4. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

5. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

6. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

Applicant Signature

Date

(Note: This page intentionally left blank)

Applicant Signature

Date

Division of Fire and Rescue Services

Military Status

Have you served in the Armed Forces of the U.S.? Yes [] No [] Active [] Inactive []

If yes, Branch of services: _____

Dates of services: From: ____/____/____ To: ____/____/____

Type of discharge: _____

Job title and rank in military: _____

M. O. S. _____

Service Number: _____

Selective Service Number: _____ Classification: _____

Local Board Number: _____

List duty stations and dates of assignments (including supervisor's name and current phone)

Do you have any Reserve obligation: Yes [] No [] Active [] Inactive []

Dates that obligation started and is scheduled to terminate: _____

If you have a Reserve obligation, provide your reserve organization's name and address below:

Organization: _____

Address: _____

Supervisor: _____ Business Phone: _____

Email Address: _____

Were you ever subject to any disciplinary action (including Art. 15's) while serving in the Armed Forces? Yes [] No [] If yes, describe in detail _____

Applicant Signature

Date

Division of Fire and Rescue Services

Military Status

Were you ever reduced/demoted in rank? No ☐ Yes ☐ If yes, provide details _____

Have you ever received company punishment? No ☐ Yes ☐ If yes, provide details _____

Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military?

No ☐ Yes ☐ If yes, provide details _____

Applicant Signature

Date

Division of Fire and Rescue Services

Education

High Schools/Vocational Schools Attended (not colleges – start with the last attended and work backwards):

School Name: _____

Address: _____
Street City County State Zip Code

Phone Number: _____

Dates Attended: From: ____/____/____ To: ____/____/____
mm dd yy mm dd yy

School Name: _____

Address: _____
Street City County State Zip Code

Phone Number : _____

Dates Attended: From: ____/____/____ To: ____/____/____
mm dd yy mm dd yy

School Name: _____

Address: _____
Street City County State Zip Code

Phone Number: _____

Dates Attended: From: ____/____/____ To: ____/____/____

Approximate Grade Average: _____ Highest Grade Completed _____

High School GED, When and Where? _____

Applicant Signature

Date

Division of Fire and Rescue Services

College Attendance (Use next blank page if necessary)

Do you have a degree? Yes [] No []

Type: Certificate [] AA/AS [] BA/BS [] MA/MS [] Other []

If not, how many college credits have you earned? _____

If you earned quarter hours, how many earned? _____

What is your major field of study? _____

What is your minor field of study? _____

If your major was not Fire Science or EMS, how many fire/EMS related courses have you taken?

College(s)/Universities Attended (List last attended first. Use the blank page if necessary)

Name: _____

Address: _____

Street City County State Zip Code

Phone Number: _____

Dates Attended: From: ____/____/____ To: ____/____/____
mm dd yy mm dd yy

Number of credits earned: _____ Level of Degree earned: _____ Date: ____/____/____
mm dd yy

Name: _____

Address: _____

Street City County State Zip Code

Phone Number: _____

Dates Attended: From: ____/____/____ To: ____/____/____
mm dd yy mm dd yy

Number of credits earned: _____ Level of Degree earned: _____ Date: ____/____/____
mm dd yy

Applicant Signature

Date

(Note: This page intentionally left blank)

Applicant Signature

Date

Division of Fire and Rescue Services

Foreign Language Skills

Are you able to communicate in any language other than English (including sign language)?

No ☐ Yes ☐

If yes, specify language and fluency level on the chart below. Provide the names of two individuals who can verify your language skills. *You may be requested to participate in a language certification exercise that will verify your fluency level.*

Name: _____

Address: _____

Phone: (____) _____ Relationship: _____

Name: _____

Address: _____

Phone: (____) _____ Relationship: _____

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	E	G	F	E	G	F	E	G	F	E	G	F
FLUENCY LEVELS: E= EXCELLENT / G= GOOD / F= FAIR												

Applicant Signature

Date

Division of Fire and Rescue Services

Applicant's Motor Vehicle & Driver's License Information

List all motor vehicles currently owned and/or operated by applicant.

Make: _____ Model: _____ Tag No. _____ State: _____

Make: _____ Model: _____ Tag No. _____ State: _____

Make: _____ Model: _____ Tag No. _____ State: _____

Make: _____ Model: _____ Tag No. _____ State: _____

Automobile Insurance Company(s): _____ Agent: _____

Address: _____ Phone Number: _____

Policy Number(s): _____

Provide the information requested below on all driver's licenses that are now or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or state). **List current license first.**

Number: _____ State: _____ Class: _____ Valid? Yes [] No []
Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Class: _____ Valid? Yes [] No []
Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Class: _____ Valid? Yes [] No []
Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Class: _____ Valid? Yes [] No []
Expiration: ____/____/____ Restrictions: _____

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended, or cancelled? Yes [] No [] If yes, explain in detail supplying reasons, dates, location, etc.

Applicant Signature

Date

Division of Fire and Rescue Services

Applicant's Motor Vehicle & Driver's License Information

How many positive and/or negative points are currently on your driver's license? _____

Have you ever received a "warning letter" from the Motor Vehicle Administration of this or any State indicating that your driver's license, or vehicle registration, could or would be canceled, suspended, or revoked? No [] Yes [] If yes, explain in detail supplying reason, dates, agency, disposition, etc. _____

Do you currently have any outstanding parking tickets in this state or any other that have not been paid? No [] Yes [] If yes, explain in detail supplying, dates, agency, number of tickets, etc. _____

Have you ever obtained or possessed a falsified or fictitious driver's license? No [] Yes [] If yes, explain in detail, to include reason for possession. _____

Have you ever driven a vehicle, whether stopped by the police or not, while under the influence of alcohol or drugs? No [] Yes [] If yes, explain. _____

Applicant Signature

Date

Division of Fire and Rescue Services

IF YOU ANSWER “YES” TO ANY OF THE QUESTIONS BELOW YOU ARE REQUIRED TO EXPLAIN FULLY ON THE BLANK PAGE PROVIDED!

Have you ever:

1. Lied or committed perjury in court or other judicial proceeding? No [] Yes []
2. Lied to anyone in authority? No [] Yes []
3. Entered any building, business, dwelling, or house without permission? No [] Yes []
4. Intentionally injured anyone in a fight? No [] Yes []
5. Entered a house of prostitution for any reason? No [] Yes []

Have you ever:

6. Cheated a restaurant or food establishment by walking out on a check? No [] Yes []
7. Helped anyone steal anything? No [] Yes []
8. Falsified or lied on an employment application? No [] Yes []
9. Provided anyone a discount at your place of employment without permission? No [] Yes []
10. Conspired with anyone to commit an illegal act or crime of any kind? No [] Yes []
11. Given anything to anyone that was not yours to give away? No [] Yes []
12. Been accused or arrested for domestic violence, spousal abuse, child abuse or elder abuse? No [] Yes []
13. Been questioned by the police as a suspect or witness as part of a criminal or traffic investigation? No [] Yes []
14. Been a lookout or driver for someone else while they committed a crime or criminal act of any kind? No [] Yes []
15. Used a weapon of any kind during a fight or altercation? No [] Yes []

Applicant Signature

Date

Division of Fire and Rescue Services

IF YOU ANSWER “YES” TO ANY OF THE QUESTIONS BELOW YOU ARE REQUIRED TO EXPLAIN FULLY ON THE BLANK PAGE PROVIDED!

Have you ever:

16. Been placed on parole or probation for any reason? No [] Yes []
17. Falsely reported a crime or knowingly given erroneous or misleading information to a police officer from any police agency? No [] Yes []
18. Used false, fraudulent, altered or borrowed identification of any kind? No [] Yes []
19. Allowed your car to be used in the commission of a crime? No [] Yes []
20. Knowingly committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing, or modifying)? No [] Yes []
21. Been a member of a street or motorcycle gang or crew? No [] Yes []
22. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being? No [] Yes []
23. Committed a crime for which you were not caught or arrested that is not listed elsewhere in this booklet? No [] Yes []
24. Been an officer of or member of or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? No [] Yes []
25. Knowingly engaged in any acts or activities designed to overthrow the United States Government by force? No [] Yes []
26. Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by a subversive organization(s)? No [] Yes []

Applicant Signature

Date

Division of Fire and Rescue Services

IF YOU ANSWER “YES” TO ANY OF THE QUESTIONS BELOW YOU ARE REQUIRED TO EXPLAIN FULLY ON THE BLANK PAGE PROVIDED!

Have you ever:

27. Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or on behalf of any subversive organization(s)? No [] Yes []
28. Been involved in or attended any school, camp, class, or forum sponsored by a subversive organization? No [] Yes []
29. Been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb or other incendiary device? No [] Yes []
30. Knowingly filed a false/fraudulent insurance claim with any insurance company regarding a traffic accident, theft, or other monetary or property loss? No [] Yes []
31. Been sexually aroused by a child or minor? No [] Yes []
32. Been subjected to forfeiture of collateral in connection with an arrest? No [] Yes []
33. Been required to appear before a juvenile court for an act, which would have been a crime if committed as an adult? No [] Yes []
34. Been a victim or complainant in any crime or incident? No [] Yes []
35. Been bonded or refused bond upon application? No [] Yes []
36. Been issued or denied a permit or license to carry a handgun or other weapon on your person? No [] Yes []
37. Been involved in any college fraternity hazing, initiation, incident, ritual, or program? No [] Yes []

Applicant Signature

Date

(Note: This page intentionally left blank)

Applicant Signature

Date

Division of Fire and Rescue Services

Check all boxes that apply and explain in detail on the blank page provided. Include dates and disposition.

Have you ever been: Arrested [] Interviewed [] Indicted [] Detained [] Convicted []

(as an adult or considered an adult) by **any** police or law enforcement agency? If so, explain in detail on the blank page provided.

Have you ever received a: Criminal Citation [] Civil Citation []

If so, explain in detail giving dates(s), reason, agency, and disposition: _____

Are you currently:

Charged with an offense by any law enforcement authority? No [] Yes []

On bail or out on personal recognizance or other conditional release? No [] Yes []

On probation of any type? No [] Yes []

If yes, explain in full detail: _____

Applicant Signature

Date

(Note: This page intentionally left blank)

Applicant Signature

Date

Division of Fire and Rescue Services

Drug Usage

Have you ever used and/or possessed any controlled dangerous substance not prescribed by a physician? [] No [] Yes

If you answer “yes” to any of the below, please explain in detail on reverse side.

SUBSTANCE	YES	NO	Number of Times	Date of Last Use
Marijuana/Hashish				
PCP/Phencyclidine				
Cocaine/Crack				
Opium Derivative (Heroin, Morphine, Codeine, etc.)				
Amphetamines/Speed				
Barbiturates/Reds				
Inhalants (Glue, Solvents, Aerosols, etc.)				
Anabolic Steroids				
Hallucinogenic (LSD, etc.)				
Quaaludes, Valium				
Any other illegal drug not specifically listed				
SPECIFY:				

DRUG INVOLVEMENT	Yes	No
Have you ever been arrested or charged with any drug violation?		
Have you ever used prescription medication prescribed to another person?		
Have you ever sold or distributed any type of illegal drug?		
Have you ever participated in the delivery, transportation, storage or handling of illegal drugs for yourself or anyone else?		
Did you ever profit in any way from drugs?		
Have you ever used, tried, experimented with or had anything else to do with any illegal drug other than what you have already listed?		

Applicant Signature

Date

(Note: This page intentionally left blank)

Applicant Signature

Date

Division of Fire and Rescue Services

Applicant's Employment Background

List **all** of your employment history (including part-time). Begin with your **current** employer first. **Explain periods of unemployment and/or any gaps in your employment history:**

Current Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Email Address: _____

Applicant's Position: _____ Full-time [☐] Part-time [☐]

Internship [☐] Volunteer [☐] Salaried [☐]

Dates of Employment: From ____/____/____ To: ____/____/____
mm dd yy mm dd yy

Reason for leaving: (Exclude medical reasons) _____

CURRENT CO-WORKERS

*List two (2) co-workers with whom you presently work, who are not listed anywhere else in this packet.

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Email Address: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Email Address: _____

*NOTE: if you are currently working more than one job start with your highest paying job first then list all subsequent jobs in order. Include names of 2 co-workers for all current positions held. Use the blank page provided if necessary.

Applicant Signature

Date

(Note: This page intentionally left blank)

Applicant Signature

Date

Division of Fire and Rescue Services

Applicant's Employment Background

Employer/Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Email Address: _____

Applicant's Position: _____ Full-time [] Part-time []

Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____
mm dd yy mm dd yy

Reason for leaving: (Exclude medical reasons) _____

Employer/Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Email Address: _____

Applicant's Position: _____ Full-time [] Part-time []

Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____
mm dd yy mm dd yy

Reason for leaving: (Exclude medical reasons) _____

Applicant Signature

Date

Division of Fire and Rescue Services

Applicant's Employment Background

Employer/Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Email Address: _____

Applicant's Position: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____
mm dd yy mm dd yy

Reason for leaving: (Exclude medical reasons) _____

Employer/Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Email Address: _____

Applicant's Position: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____
mm dd yy mm dd yy

Reason for leaving: (Exclude medical reasons) _____

Applicant Signature

Date

Division of Fire and Rescue Services

Applicant's Employment Background

Employer/Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Email Address: _____

Applicant's Position: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____
mm dd yy mm dd yy

Reason for leaving: (Exclude medical reasons) _____

Employer/Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

Email Address: _____

Applicant's Position: _____ Full-time [] Part-time []
Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____
mm dd yy mm dd yy

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Division of Fire and Rescue Services

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mm dd yy mm dd yy

Reason for leaving: (Exclude medical reasons) _____

Applicant Signature

Date

(Note: This page intentionally left blank)

Applicant Signature

Date

Division of Fire and Rescue Services

Applicant's Employment History

(Use the blank page if necessary)

*If you answer **"yes"** to any of the below questions, give full details including the name and address of the employer, approximate dates and circumstances in each case. Use the blank page if necessary.*

Have you ever been discharged, terminated, fired or disciplined by any employer?

No ☐ Yes ☐ If yes, explain _____

Have you resigned (quit) while anticipating that your employer intended to discharge (fire) you for any reason? No ☐ Yes ☐ If yes, explain _____

Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you? No ☐ Yes ☐ If yes, explain _____

Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct? No ☐ Yes ☐ If yes, explain _____

Have you ever walked off (left) a job without giving proper notice? No ☐ Yes ☐ If yes, explain _____

Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance? No ☐ Yes ☐ If yes, explain _____

Have you ever stolen anything from any of your employers? No ☐ Yes ☐ If yes, explain _____

Applicant Signature

Date

Division of Fire and Rescue Services

Applicant's Employment History continued

Have you ever used any illegal drugs while working on any job? No [] Yes [] If yes, explain,
be specific (*what type of drug(s), how used, date, etc.*) _____

Have you ever committed any other crime(s) (even one which went undetected) while on any job
you have ever held? No [] Yes [] If yes, explain _____

Have you had any extended work absences for reasons other than medical or earned vacations?
No [] Yes [] If yes, explain _____

Have you every filed a Worker's Compensation claim with any of your employers?
No [] Yes [] If yes, explain _____

Do you have any Worker's Compensation claims still open and pending? No [] Yes [] If
yes, explain _____

Have you ever applied for any position with an agency or employer where a background
investigation was initiated/conducted? No [] Yes []

If yes, please provide the agency/employer name, dates and status of the background
investigation: _____

Applicant Signature

Date

Division of Fire and Rescue Services

Applicant's Employment History continued

Have you ever been denied employment by any agency/employer because of a background investigation? No [] Yes []

If yes, list and give reason for denial. _____

Fire/EMS Experience

Do you personally know any Frederick County DFRS Employees? (Full-time or On-call)?
No [] Yes [] If yes, please provide name(s), station/duty assignment, and length of time you
have known. Use the blank page provided if necessary. _____

Do you have any relative(s)/family member(s) who are current or past members of DFRS?
No [] Yes [] If yes, please provide name(s) and relationship to you and their station/duty
assignment if current. Use the blank page provided if necessary. _____

Applicant Signature

Date

Division of Fire and Rescue Services

Fire/EMS Employment Applications

List all PUBLIC SAFETY (Police, Fire, EMS, Law Enforcement, etc.) agencies with which you have applied for employment or membership. List the steps you have completed (written exam, oral interview, background, physical agility, medical, etc.), also list your status. If you have applied to the same agency more than once list separately, including any prior applications to Frederick County DFRS.

Department	Date(s) Applied	Steps Taken	Investigators	Phone Numbers	Status

Applicant Signature

Date

Division of Fire and Rescue Services

Fire/EMS Employment Applications continued

Are you currently or have you ever been a volunteer member of any Fire Department?

Yes ☐ No ☐ If so, list the name(s), address(es), phone number(s), and dates of membership(s) for each Fire Department: _____

List all Fire and Rescue related courses completed: _____

Applicant Signature

Date

Division of Fire and Rescue Services

Membership Affiliation

APPLICANT NAME _____

Please provide additional information about present Volunteer Firefighter/EMS membership you may have. If you feel additional information will be helpful, please note on blank page provided.

1. Name of the Department: _____
County: _____
State: _____ Telephone No. _____
2. How long have you been a member? _____
3. Do you have any vehicle driving responsibilities? Yes [☐] No [☐]
If yes, what type vehicle and how often? _____
4. Are you personally involved in any Fire Suppression situations?
Yes [☐] No [☐] If yes, how often? _____
5. Are you involved with ambulance rescues? Yes [☐] No [☐]
If yes, in what capacity? _____
6. Approximately how many calls per day are received at the station where you are assigned?
Fire _____ EMS _____
7. How many Volunteer calls have you responded to in the last year?
Fire _____ EMS _____
8. Is there anyone at the station who could verify this information? Yes [☐] No [☐]
If yes, Name _____ Phone Number _____
9. Station Chief Name _____ Phone Number _____
Email Address: _____

Applicant Signature

Date

(Note: This page intentionally left blank)

Applicant Signature

Date

Division of Fire and Rescue Services

Miscellaneous

Is there anything in your past that if ascertained at a later date that may prove to be embarrassing to either you or the DFRS, should you become an employee? Yes [] No [] If yes, explain:

Is there any reason that would prevent you from:

☐ Supporting and defending the Constitution of the U. S. and the State of Maryland?

Yes [] No [] If yes, explain _____

Complying with the rules and responsibilities of the Division of Fire and Rescue Services (i.e. shift work, 24/7/365, dress code and/or code of conduct)? Yes [] No [] If yes, please explain:

Applicant Signature

Date

Division of Fire and Rescue Services

Personal References

List three (3) character references (not related to you by blood or marriage).

Full Name: _____

Street Address: _____ (No P.O. Boxes)

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Length of time known: _____

Email Address: _____

Full Name: _____

Street Address: _____ (No P.O. Boxes)

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Length of time known: _____

Email Address: _____

Full Name: _____

Street Address: _____ (No P.O. Boxes)

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Length of time known: _____

Email Address: _____

Applicant Signature

Date

Division of Fire and Rescue Services

Neighbors

List three (3) people who reside in your neighborhood, or if you have just relocated--the previous neighborhood, and **who have not been listed elsewhere in this booklet.**

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Lenth of time known: _____

Email Address: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Lenth of time known: _____

Email Address: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Lenth of time known: _____

Email Address: _____

Applicant Signature

Date

Division of Fire and Rescue Services

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, to and by the Frederick County Division of Fire and Rescue Services, a division of Frederick County Government, whether said records are of a public, private and/or confidential nature.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT for full and complete disclosure of records, including but not limited to, those held by educational institutions, financial institutions, credit institutions or credit agencies, including records of deposits, withdrawals and balances of checking and savings accounts and loans and also the records of commercial or retail agencies (including credit reports and/or credit ratings); medical and/or psychiatric treatment and/or consultations including records held by hospitals, clinics, private practitioners, and the United States Veterans Administration; records held by public utility companies; employment and pre-employment results, efficiency ratings and/or performance evaluations, records of complaints and/or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records, wherever filed; records of complaint, arrest, trial and/or conviction(s) for alleged or actual violations of law, including criminal and/or traffic offense records, and records of a civil nature made by and/or against me, wherever located, and to include the records and recollections of attorneys at law, or of counsel, whether representing me or another person in any case in which I presently am involved or have had an interest.

IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION, no matter how personal, private, privileged, or confidential it may appear to be, and the source(s) of information specifically identified in this Authorization for the Release of Information.

I UNDERSTAND THAT ANY INFORMATION OBTAINED during the course of the background investigation that is developed directly or indirectly, or in whole or in part, upon this *AUTHORIZATION FOR THE RELEASE OF INFORMATION*, may be considered in determining my suitability for employment with Frederick County Government.

I FURTHER UNDERSTAND that in the event my employment application and/or résumé is disapproved, not considered, or otherwise does not result in my employment, the identity of the source(s) of confidential information **CANNOT AND WILL NOT BE RELEASED AND/OR REVEALED TO ME.**

ADDITIONALLY, I AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS Frederick County Government, and all persons to whom this *AUTHORIZATION FOR THE RELEASE OF INFORMATION* is presented and his/her/their agents, employers, and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees, arising out of, or by reason(s) of complying with the request for information that this *AUTHORIZATION FOR THE RELEASE OF INFORMATION* provides.

LASTLY, IT IS FURTHER UNDERSTOOD BY ME THAT A PHOTOCOPY, including a facsimile (or FAX) copy of the actual original of this *AUTHORIZATION FOR THE RELEASE OF INFORMATION* will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

Applicant Signature

Print Full Name (NO INITIALS): _____

Other Names Used: _____

Current Address: _____

City, State & ZIP: _____

Home Phone: _____ **Other Phone:** _____

Today's Date: _____